

Managed Care organization Communication/Connection List



ExcellusBCBS.com

	Excellus Healthcare Health Home	Contact List	
Who to call?	For what?	Phone Number / Fax	Email Contact
Administrator: Kristie Baker	Monitors and responds to HH Email	Phone 1-315-731-2528	kristie.baker@excellus.com
BH Case Management	LOSD issued members are assigned a Plan CM, works with members needing support beyond HHCM. Referrals accepted for Plan CM.	1-844-694-6411	member.documents@excellus.com
SW-Medically Frag Children: Ashley Millner		1-585-425-5444	
BH Children's Case Manager: Carl Binger		1-585-425-5438	
BH Children's Case Manager: Lauren Donsky		1-585-485-6085	
BH Children's Case Manager: Sharee Gunner		1-585-485-6018	
BH Children UM Coordinator: Colleen Familo		1-585-425-5442	
BH Children's Care Coordinator: Jennifer Podmenik		1-585-425-5437	
BH Care Coordinator: Alicia Chase		1-585-485-6114	
BH Care Coordinator: Theresa Crans		1-585-485-5443	
BH Care Coordinator: Amber Donnelly		1-585-485-6028	
BH Care Manager: Cecilia DiGiuseppe		1-585-622-1559	
BH Case Manager: Jean Ferris Little		1-585-485-6082	
BH Care Coordinator: Lindy Padilla		1-585-485-6035	
BH Case Manager: Kelly Robinson		1-585-485-6023	
BH Care Coordinator: Kyle Smith		1-585-485-6076	
BH Case Manager: Reshae Vanderzwan		1-585-485-6153	
BH Case Manager: Rachel Wren		1-585-485-6157	
General Line: 1-844-694-6411. Use this number if you do	not know the Case Manager assigned, to open	a case, discuss home care o	ptions, or have general inquires.
Clinical Compliance Specialist: Karen Malecki	Record Review Questions/Standards	1-585-530-6765	karen.malecki@excellus.com
Customer Care	Member questions, Provider Network	1-800-499-1275	
BH Provider Relations Rep: Arlene Pitts	Provider billing questions Rochester region	1-585-238-4674	arlene.pitts@excellus.com
BH Provider Relations Rep: Brian Fetterly	Provider billing questions CNY, Southern Tier, and Utica regions	1-315-731-9671	brian.fetterly@excellus.com
Children's BH Provider Relations Rep: Sarah Newsome	Provider billing questions all regions	1-585-238-3635	sarah.newsome@excellus.com
Univera general HH email:	Send DSE, demographic request, HH questions, PDF records for review.		healthhomeservicesexcellus@excellus.co
Liaison: Morgan Jackson	Non-member specific questions	1-585-485-6131	morgan.jackson@excellus.com
Manager: Terri Mercado	Health Home Inquiries	1-585-530-5595	terri.mercado@excellus.com





Health Home Resource: MVP MEMBERS

Health Homes Serving Adults and Health Homes Serving Children

Submission Instructions: All documentation, including but not limited to plans of care, assessments and service requests can be submitted via email or fax.

EMAIL: communityservices@mvphealthcare.com

FAX: 855-853-4850

Name	Title	Contact #	Email	
MVP INTAKE TEAM	Best method to contact regarding submitting Adult/Children POCs, Level of Service Requests, or HCBS Authorizations	See contact information below for the Intake Team	Communityservices@mvphealthcare.com	
Kijana Danzy	Intake: Adult Level of Service Requests, Adult/Children's Plan of Care, CANS-NY	585-327 -5762	Communityservices@mvphealthcare.com	
Geminesse Williams	Intake: Adult Level of Service Requests, Adult/Children's Plan of Care, CANS-NY	914-372-2437	Communityservices@mvphealthcare.com	
Sara Jennings	Intake: Adult Level of Service Requests, Adult/Children's Plan of Care, CANS-NY	518-388-2496	496 Communityservices@mvphealthcare.com	
Medically Fragile Children Liaison				
Elizabeth Fallone- Torhan	Integrated Health, Children's' Case Manager; Medically Fragile Children Liaison	914-372-2030	EFallone-Torhan@mvphealthcare.com	
MVP HEALTH HOME TEAM	Email is the best method to contact the MVP HH Team	914-372-2233	Healthhome@mvphealthcare.com	
Paula Vernile	Sr. Leader, Medicaid Supports & Services; Health Home Liaison	914-372-2231	PVernile@mvphealthcare.com	
Zelesther Cay	Leader, Medicaid Supports & Services; Health Home Liaison	914-372-2229	ZCay@mvphealthcare.com	
Jorge Aguilera	Professional, Medicaid Supports & Services; Health Home Liaison	914-372-2054	JAguilera@mvphealthcare.com	
MVP Customer Care	Member services line: For general benefit questions	MVP HARP: 844-946-8002 MVP Medicaid: 800-852-7826		
Provider Services	Claims, contracting, service/authorization questions	1-800-684-9286		





Centralized point of access for all requests: <u>SMHealthHomeInquiry@fideliscare.org</u>. The Health Home Inquiry Form is to be used for any and all inquiries for all Fidelis members by your CMAs. Requests submitted will be directed accordingly and, if needed, responded to as soon as possible. Process starts <u>10/14/19</u>.

Important notes:

- All requests must be initiated using this form. There are required fields to be completed marked with an asterisk (*). Forms with missing required information will be returned and will not be processed.
- All Adult BH HCBS documents must continue to be sent to QHCMHARPBH@fideliscare.org. All Children's HCBS documents must continue to be sent to SM Childrens HCBS@fideliscare.org.
- Clinical care coordination will remain uninterrupted by this process. If Health Home Care Managers
 (HHCM) are in contact with Fidelis Care Management staff they should continue to reach out directly. If
 the Fidelis Care Manager is not known then HHCMs should use new Inquiry Form.
 - Call centers are still available and CMAs are still able to use general Health Home line: (888)
 343-3547 ext. 16074. However, sending requests through inbox will provide the most expedient response.
- When requesting 'Clinical Discussion with MCO Care Manager', HHCMs should consider reason member is enrolled with HH and what type of care management assistance is needed from Fidelis: Medical vs Behavioral—this is required in order to be processed.
 - If member has both medical and behavioral health issues, indicate the most pressing.
- If requesting for multiple members, then each member must still be identified based on required fields.





Health Home Inquiry form instructions:

- All Care Management Agency requests should be submitted through the centralized point of access at Fidelis Care: <u>SMHealthHomeInquiry@fideliscare.org</u>. The Health Home Inquiry form must be used to initiate a request and all required fields must be completed.
- The Health Home Inquiry form is available in both Word doc and PDF formats.
 - The PDF format can be edited using "Fill & Sign" function in Adobe Acrobat.
- Indicate if member is HARP or Children's HCBS. If neither a HARP member nor in Children's HCBS, select "None".
- After completing the top portion of form, with member and HHCM information, select the Request Type that applies.
 - There may be more than one Request Type per member (i.e. both 'Demographic Info' and 'Recent Claims/Provider Data').
 - If requesting the same Request Type for several members, one form may be used and attach the list
 of members with all required information for each member. For example:

A	A	В	C	D	E
1	Member CIN	Product	CMA name	Lead HH	Response need?
2	AB12345	HARP	CMA X	Lead HH Y	Yes
3	AB12346	MEDICAID	CMA X	Lead HH Y	Yes
4	AB12347	HARP	CMA X	Lead HH Y	Yes
5	AB12348	HARP	CMA X	Lead HH Y	Yes
6	AB12349	MEDICAID	CMA X	Lead HH Y	Yes
7	AB12350	MEDICAID	CMA X	Lead HH Y	Yes
8	AB12351	MEDICAID	CMA X	Lead HH Y	Yes
9	AB12352	MEDICAID	CMA X	Lead HH Y	Yes
10	AB12353	MEDICAID	CMA X	Lead HH Y	Yes

- If requesting 'Clinical Discussion with MCO Care Manager', HHCMs should consider reason
 member is enrolled with HH and what type of care management assistance is needed from Fidelis:
 Medical or Behavioral. If this Request Type is selected then this is required in order to be
 processed. If member has both medical and behavioral health issues, indicate the most pressing and
 reason for inquiry.
- All Adult BH HCBS and Children's HCBS document must still go to their respective inboxes, <u>OHCMHARPBH@fideliscare.org</u> [adult] and <u>SM_Childrens_HCBS@fideslicare.org</u> [children].
- For QM projects please indicate the specific project and include any further questions/documentation.
- · For any MAPP related issues select: MAPP Assignment.



Health Home Inquiry Form

Once form is completed, email it using secure email to: <u>SMHealthHomeInquiry@fideliscare.org</u>

Member Name:	Member Fide	lis ID:	*Member CIN:
Member DOB:/ *Re	estriction Exemption Co	ode: □ HARI	P □ Children's HCBS □ None
*Health Home Care Management A	gency:		
Name of person submitting request:		_CMA Conta	ct/Telephone #:
CMA Contact Email Address:			
*Lead Health Home:			
*Response needed from MCO: \Box	Yes □ No If yes, p	referred respo	onse: □ Email or □ Phone
Select all that apply:			
☐ Demographic Inf	o (Phone, Address/D	iligent Sear	rch Effort)
☐ Recent Claims/Pr	rovider Data		
☐ Clinical Discussion	on with MCO Care Ma	anager	
→ Case man	agement need: □ BF	ł or □ Medi	cal
☐ Medicaid/DUAL	POC Submission		
☐ Health Home Adı	mission Alert	Enroll	ment Date:
☐ Health Home Dis	charge Alert	Discha	arge Date:
□ QM project (POP,	, PIP, Gap in Care, etc	c.) Identify	:
☐ MAPP Assignmer	nt		
□ Other			

Contacts at Fidelis for Health Homes and Care Management Agencies

Care Management Agency contacts:

- ➤ All general inquiries/requests from CMAs should be sent to SMHealthHomeInquiry@fideliscare.org.
 - We recommend including the Fidelis HH Inquiry form for any request to expedite process.
- ➤ All <u>HARP HCBS</u> documentation including LOSD requests/Service Level Requests, POCs, Brief Eligibility Assessments, etc. must be sent to QHCMHARPBH@fideliscare.org.
 - HARP-specific inquiries can also be directed to HARP queue at (888) 343-3547 ext.16077.
- ➤ All <u>Children's HCBS</u> documentation must be sent to <u>SM Childrens HCBS@fideslicare.org.</u>
 - Children's HCBS-specific inquiries can also be directed to Children's MMC queue at (888) 343-3547 ext. 16879.

Lead Health Home contacts:

Erik Lantier	Manager, Behavioral Health	elantier@fideliscare.org	Fidelis policy, state/plan initiatives, Fidelis workflows
Ivette Morales	Behavioral Health Clinical Liaison	ivette.morales@fideliscare.org	Monthly meeting items, CMA issues, MAPP issues
Kathryn O'Connell	HH and HARP HCBS	kathryn.oconnell@fideliscare.org	Data/report questions,
	Care Manager		HH referral follow up
Sasha Diaz	HCBS Program	sdiaz2@fideliscare.org	HARP HCBS document and
	Associate		authorization issues,
			HH Inquiry inbox issues

Elizabeth Apeadu	Provider Relations	eapeadu@fideliscare.org	Billing/claims related matters
	Specialist		(downstate/NYC)
Carol Montgomery	Provider Relations	cmontgomery@fideliscare.org	Billing/claims related matters
	Specialist		(upstate)



UHC Key Contact Numbers



UnitedHealthcare Community Plan (MMC) Helpful Resources



1-800-493-4647, **TTY 711**Member Services



Medical Answering
Services Transportation:

1-844-666-6270



Online Resources

Visit MyUHC.com/CommunityPlan to:

- Find a Doctor / Dentist
- Find a Pharmacy
- · Print your member ID card

Visit UHCCommunityplan.com/NY to:

· View/print a copy of the handbook



NurseLine (24 hours a day, 7 days a week):

1-877-597-7801



Smokers Quit Line:

1-866-398-3661



Download UnitedHealthcare
Health4Me mobile app

for iPhone & Android



Enrollment assistance?

Call 1-888-617-8979



Moved? Contact Member Services for help updating your account.

Recertification date:



© 2018 UnitedHealthcare Services, Inc. All rights reserved. CST21356 6/18 CSNY17MC4204727_001



YourCareHealth Contacts

Name	e-mail	Phone
YourCareHealth Main #		1-800-683-3781
HARP	YourCareHARPPOC@beaconhealthoptions.com	1-844-265-7586
Joshua Maldonado, LMHC Manager, Clinical Services- HARP	www.beaconhealthoptions.com	Office: 716.796.6488 Cell: 315-584-2434 Fax: 844.265.7591

Wellcare Contacts

Name	e-mail	Phone
Lynette Prince, Health Home Liaison	Lynette.prince@wellcare.com	917-454-6735
Call or email Lynette for all Health Home Related issues; Demographics DSE notification General questions Assistance with access to clinical services.		
Note: Wellcare is not a HARP MCO.		